

IFW

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/674,585
	Filing Date	09/29/2003
	First Named Inventor	COOK
	Art Unit	
	Examiner Name	
	Attorney Docket Number	COOK 8715 C5

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AHAJI AMOS, 46,831		
Signature			
Printed name	AHAJI AMOS, 46,831		
Date	OCTOBER 5, 2004	Reg. No.	46831

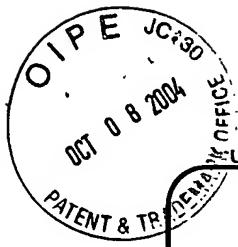
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PTO/SB/81 (09-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/674,585
Filing Date	09/29/2003
First Named Inventor	COOK
Title	LARYNGEAL MASK ADAPTER
Art Unit	
Examiner Name	
Attorney Docket Number	8715 C5

I hereby appoint:

- Practitioners associated with the Customer Number:

OR

- Practitioner(s) named below:

Name	Registration Number
AHAJI AMOS	46,831

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- The address associated with the above-mentioned Customer Number:

OR

- The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS		
Address	3810 RITA ELLIOTT COURT		
City	MISSOURI CITY	State	TX
Country	U.S.A.		
Telephone	314-494-8-9571	Fax	281-778-6798

I am the:

- Applicant/inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	D. J. Cook	Date	9/27/04
Name	Daniel J. Cook	Telephone	314-644-4169
Title and Company	Drs. dJ Cook 9/27/04 LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- *Total of _____ forms are submitted.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/674,585
Filing Date	09/29/2003
First Named Inventor	COOK
Art Unit	
Examiner Name	
Attorney Docket Number	COOK 8713 C5

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS				
Address	3810 RITA ELLIOTT COURT				
City	MISSOURI CITY	State	TX	Zip	77459
Country	U.S.A.				
Telephone	314-494-9571	Fax	281-778-6798		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Daniel J. Cook		
Date	9/27/04	Telephone	314-644-4169

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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